U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

rla ist					
1. File Number U - 45/4		2. Fiscal Year Covered From:			
		1 / 1 / 2004 Through:	12 / 31	/ 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name Roberto	A Santos	Name SPEEA, IFPTE Local 2001,	AFL-CIO		
		Labor Organization File Number 043-598			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 12616 230th st E		Street 15205 52nd Avenue S			
City Graham	A New York State of Art State of State	City Seattle			
State Washington	ZIP Code + 4 98338	State Washington	ZIP Code + 4	98188	
5. Position in labor organization. District R-2 council Representative					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name The Boeing Company	Attend a dinner social with the Boeing Company goverment affairs representatives on 11/30/2004				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any P.O. Box 3707 MC 67-LT					
	7.b. Amount.				
Street					
City Seattle	\$40				
State Washington ZIP Code + 4 98124-2207					

	Signature			
submitted in this report (includin	n. The undersigned declares, under penalty of Perjury and other appling the information contained in any accompanying documents), has be selief, true, correct, and complete. (See the section on penalties in the	een examined by the signatory and is to the best of the		
the second of				
Signed	On 7/18/200	5 425-965-3715		
The LANGER TO SEE SE	Date	Telephone Number		

Name of Person Filling Roberto Santos			File Number U-		
	Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise sealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
	10. If 9.b. or 9.c. is checked give trust or employer's name. Name	That ivalue of our	ıy.		
	Trade Name, if any:	l			
	P.O. Box, Bldg., Room No., if any	1			
	<u></u>	11.b. Approximate dollar value of such dealing.			
	City_	12.a. Nature of interest held	d or income received.		
	State ZIP Code + 4	1			
_		12.b. Amount.			
_	C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	r parts A and B above) or other thing of value.			
	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
	Name				
	Trade Name, if any:				
	P.O. Box, Bldg., Room No., if any				
	Street				
	City				
	State ZIP Code + 4				
	13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			